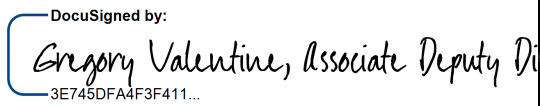


POLICY AND PROCEDURE

| | |
|--|---|
| <u>POLICY TITLE:</u> Buprenorphine Waivered Practitioners practicing in settings licensed or certified by DSAMH | <u>POLICY #:</u> DSAMH24 |
| <u>PREPARED BY:</u> PCWFD Bureau | <u>DATE ISSUED:</u> May 10, 2021 |
| <u>RELATING POLICIES:</u> | <u>REFERENCE:</u> |
| <u>DATES REVIEWED:</u> | <u>DATES REVISED:</u> |
| <u>APPROVED BY:</u>  3E745DFA4F3F411... 5/10/2021 8:55 AM EDT | <u>NOTES:</u> <input checked="" type="checkbox"/> DSAMH Internal Policy <input checked="" type="checkbox"/> DSAMH Operated Program <input checked="" type="checkbox"/> DSAMH State Providers <input type="checkbox"/> Delaware Psychiatric Center <input type="checkbox"/> Targeted Use Policy (Defined in scope) |

- I. **PURPOSE:** DSAMH encourages our licensed programs to offer OBOT treatment services without onerous regulations beyond what OBOT requires and what their existing license and/or certification requires.

Delaware is training Medicaid providers to prescribe medication for opioid abuse through The Office-Based Opioid Treatment (OBOT) Fellowship Program.ⁱ These Buprenorphine Waivered Practitioners are not required to be licensed or certified by DSAMH.

However, in addition to individual provider licensure, service providers employed by addiction and/or co-occurring treatment services agencies must work in a program licensed by DSAMH and comply with all relevant licensing regulations.

- II. **POLICY STATEMENT:** Any DSAMH Licensed provider who employs Buprenorphine Waivered Practitioners must maintain compliance with both their program license and/or certification and with OBOT requirements for the Buprenorphine Waivered Practitioners.

III. **DEFINITIONS:**

“Buprenorphine Waivered Practitioners” (also known as **“Data Waiver Prescriber”**) meet SAMHSA requirements to dispense or prescribe buprenorphine for the treatment of opioid use disorders (OUD) in settings other than opioid treatment programs (OTP), upon completion of specialized training. The [Drug Addiction Treatment Act of 2000 \(DATA 2000\)](#), the [Comprehensive Addiction and Recovery Act \(CARA\)](#) and the [Substance Use-Disorder Prevention Opioid Recovery and Treatment for Patients and Communities \(SUPPORT\) Act](#) details the process and requirements to obtain the waiver. Buprenorphine Waivered Practitioners are also sometimes referred to as “Data Waiver Prescribers. A data waived prescriber has a set limit of clients (100 in the first

year, 275 in subsequent years). A data waiver prescriber may provide MOUD excluding methadone. This policy will use the term Buprenorphine Waivered Practitioners.

“DSAMH” means the Division of Substance Abuse and Mental Health.

“Medications for Opioid Use Disorder (MOUD)” means the use of medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders.

“Prescription Drug Monitoring Program (PDMP)” means an electronic database that tracks controlled substance prescriptions. PDMPs can help identify patients who may be misusing prescription opioids or other prescription drugs and who may be at risk for overdose.

“OBOT” means “Office-based opioid treatment” which is commonly provided outside of Licensed Opioid Treatment Programs (OTP) by a Buprenorphine Waivered Practitioner within the scope of the data waiver.

“Outpatient Treatment Services” refers to a Substance Use Disorder Treatment Program that has a DSAMH Substance Abuse Disorder license.

“Outpatient Treatment Services: Office-Based Opioid Treatment Outpatient Services” refers to a Substance Use Disorder Treatment Program that has both an Outpatient License and employed Buprenorphine Waivered Practitioners to provide MOUD services within the scope of the data waiver. The Office-Based Opioid Treatment Outpatient Services modifier simply identifies that the Outpatient Provider has OBOT capacity through the Data waiver. DSAMH can add this modifier to any applicable license. For example, Co-Occurring Outpatient Services: Partial Program Hospitalization Program (PHP) or Co-Occurring Treatment Services ASAM Level 2.5 or any program that does not have Buprenorphine Prescribing covered under their existing licensing regulations.

“OTP” means “Opioid Treatment Program” engaged in opioid treatment of individuals with an opioid agonist treatment medication registered under 21 U.S.C. 823(g)(1). This is inclusive of storing and administering medication, inclusive of methadone. OTP regulations are extensive and prohibitive for OBOT practitioners working in a non-OTP setting.

“SOTA” means the State Opioid Treatment Authority individual as the designated authority for SAMSHA for the State of Delaware. Opioid Treatment Programs work with and seek approval of the SOTA when required by SAMSHA regulations.

- IV. **SCOPE:** Any provider employing Buprenorphine Waivered Practitioners in a setting that requires DSAMH licensing or certification for Substance Abuse Disorder Treatment services.

V. **Exclusions:** The following programs and providers are excluded from this policy:

1. Opioid Treatment Program (OTPs): OTP programs have existing regulations and requirements that include Medication Assistance Treatment and the limited scope of services detailed by the OBOT Data Waiver. OBOT designation is not required.
2. Programs not engaged in Substance Abuse Treatment services who have hired Buprenorphine Waivered Practitioners under the Data 2000 and CARA regulations. These programs refer typically refer out to Substance Abuse Treatment programs for clients requiring individual and/or group counseling, psychosocial support, and case management services for Substance Use Disorder recovery. Typically, these are office-based practices located in primary care offices. They do not require DSAMH licensing.
3. For private practitioner's offices, or groups of private practitioners:
 - a. A facility/agency license is not required for individual or group practices of licensed counselors/ therapists providing these services are under the auspices of their individual licenses.
 - b. A service provider employed by addiction and/or co-occurring treatment services agencies must work in a program licensed by DSAMH and comply with all relevant licensing regulations.
 - c. If program status is unclear, Deputy Chief of Policy and Compliance will consult SOTA for guidance.

VI. **PROCEDURES/RESPONSIBILITIES:**

1. Provider enrollment will evaluate the following:
 - a. Does program meet any exclusionary criteria above? If yes, guide provider appropriately and do not accept application.
 - b. Does program meet definition of providing Substance Use Disorder Treatment services other than limited Buprenorphine prescriptions and referrals for counseling?
 - i. If yes, what level of services is the program providing or aim to provide and is Buprenorphine Prescribing covered by that level of service. For example, provider does not need any license modifier if their level of service is an OTP ASAM Level 1 or higher. Provider describing basic Outpatient Services would require an OBOT prescriber who is able and willing to integrate services into the Outpatient Service model.
 - c. Does program meet criteria for Outpatient Treatment Services: Office-Based Opioid Treatment Outpatient Services:
 - i. Meets minimum for Outpatient Services.
 - ii. Meets minimum criteria required by Delaware Adult Behavioral Health DHSS Service Certification and Reimbursement Manualⁱⁱ even if provider is not seeking Medicaid re-imbursement which states "OBOT programs must have a registered controlled substances prescriber with a waiver of the 1914 Harrison Act 2."

- iii. The Delaware Adult Behavioral Health DHSS Service Certification and Reimbursement manual additionally states caseload sizes are limited to 30 the first year and have caps in subsequent years. Any provider seeking Medicaid Certification in addition to licensure will be guided by Provider Enrollment on all requirements for Certification as well as licensure.
- iv. The provider has Buprenorphine Waivered Practitioners, and provided copies of the waiver(s) to DSAMH.
- v. The provider has policy and procedures for medication informed consents, education, and medication order record.
- vi. The provider has policy and procedures for checking Delaware Prescription Monitoring Program (PDMP). CDC clinical practice guidelines encourage use of the PDMP prior to prescribing to assess a patient's history of controlled substance use.
- vii. The provider has policy and procedures for referring clients when level of care exceeds services provided at Outpatient Services Level of care .
- viii. Buprenorphine Waivered Practitioners are operating within the scope of the data waiver and following all state and federal regulations.
- ix. The provider has policy and procedures on how agency policy and practice handle special populations including but not limited to pregnancy and OBOT services.

2. Quality Assurance and Audits:

- a. Per agency policy and state regulations, providers with an Outpatient License and OBOT modifier (or any other license with an OBOT modifier) will be audited based on the following criteria below. Most items would be covered under a traditional Outpatient Audit but added emphasis is placed on clients receiving OBOT services as stated below (2.b.). This is due to the risk associated with prescribing controlled substances in an outpatient setting.
- b. Meets minimum for Outpatient Services (or another license with modifier) and
 - i. Request caseload names and number assigned to each Buprenorphine Waivered Practitioner.
 - ii. Request copy of Buprenorphine Waivered Practitioner waiver.
 - iii. Review policy and procedure for medication informed consents, education, and medication order record and that agency staff is following policy.
 - iv. Review policy and procedures for checking Delaware Prescription Monitoring Program and verify if agency is following policy.
 - v. Review if agency has policy and procedure for referring clients when level of care exceeds services provided at Outpatient Services Level of care specific to OBOT clients.
 - 1. Review how agency policy and practice handles special populations including pregnancy and OBOT services.

VII. **Policy Lifespan**: Annual review as required, dependent on state licensure standards or Medicaid Certification changes.

VIII. **References/Resources**: N/A.

ⁱ <https://www.delawarepublic.org/post/delaware-training-its-medicaid-providers-prescribe-medication-opioid-abuse>

ⁱⁱ <https://www.dhss.delaware.gov/dhss/dsamh/files/ReimbursementManual.pdf>

<https://www.cdc.gov/drugoverdose/pdmp/providers.html>